

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90184 020 ****61.25

DOCUMENT # N98000000091

1. Entity Name

SUNCOAST MENTAL HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

2440 S. FEDERAL HIGHWAY STE. Q
 REGENCY SQUARE EXECUTIVE SUITES
 STUART FL 34994

2440 S. FEDERAL HIGHWAY STE. Q
 REGENCY SQUARE EXECUTIVE SUITES
 STUART FL 34994-4531

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0789152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDNEY, STEVEN
6620 S.W. GAINES AVE.
STUART FL 34997

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME EDNEY, STEVEN
 STREET ADDRESS 2440 S. FEDERAL HWY
 CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE President Change Addition
 NAME Theodore Williams
 STREET ADDRESS 2440 S. Federal Hwy
 CITY-ST-ZIP Stuart, FL 34994

TITLE VPD Delete
 NAME REDKINS, DORIS
 STREET ADDRESS 1320 S. FEDERAL HWY
 CITY-ST-ZIP STUART FL 34994

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME DRAKE, JILL
 STREET ADDRESS 435 SE FLAGLER AVE
 CITY-ST-ZIP STUART FL 34994

TITLE SD Change Addition
 NAME Melinda Plummer
 STREET ADDRESS 435 SE Flagler Ave
 CITY-ST-ZIP Stuart, FL 34994

TITLE TD Delete
 NAME PALMER, CLARK
 STREET ADDRESS 700 CENTRAL PKWY
 CITY-ST-ZIP STUART FL 34994

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)